

Australian Refined Diagnosis Related Groups



The Australian Refined Diagnosis Related Groups (AR-DRGs) is a classification system that provides a clinically meaningful way to relate or group the number and type of patients treated in a hospital to the resources required by the hospital.

AR-DRGs use diagnoses and interventions with other routinely collected data to classify admitted patient episodes.

Uses for AR-DRGs

- Calculating public hospital funding on an activity basis
- Health service planning
- Benchmarking
- Epidemiology and research
- Facilitating payment in the private healthcare sector
- Monitoring the quality of healthcare and patient safety

How do they work?

1. Demographic and clinical edits assess the validity of variables
2. Episodes are assigned to a Major Diagnostic Category (MDC) based on the principal diagnosis
3. Pre MDC processing identifies high-cost episodes and changes MDC assignment based on other variables
4. Episodes are assigned to Adjacent DRGs (ADRGs) mainly based on diagnoses and interventions
5. Episodes are assigned to DRGs mainly based on the Episode Clinical Complexity Score (ECCS). The ECCS is derived from the Diagnosis Complexity Levels (DCLs) of diagnoses in an episode

Types of Diagnosis Related Groups (DRGs)

DRG type:	Pre MDC	No splits	Split on complexity	Split on other variables
DRGs in Version 10.0:	9 DRGs	82 DRGs	695 DRGs	9 DRGs
Description:	High-cost episodes	DRG is assigned without the use of complexity score	DRG is assigned using a complexity score	DRGs using variables such as transfer status and length of stay
Example:	A13A Ventilation ≥ 336 hours, Major Complexity	L61Z Haemodialysis	G02B Major Small and Large Bowel Interventions, Intermediate Complexity	B70D Stroke and Other Cerebrovascular Disorders, Transferred <5 Days

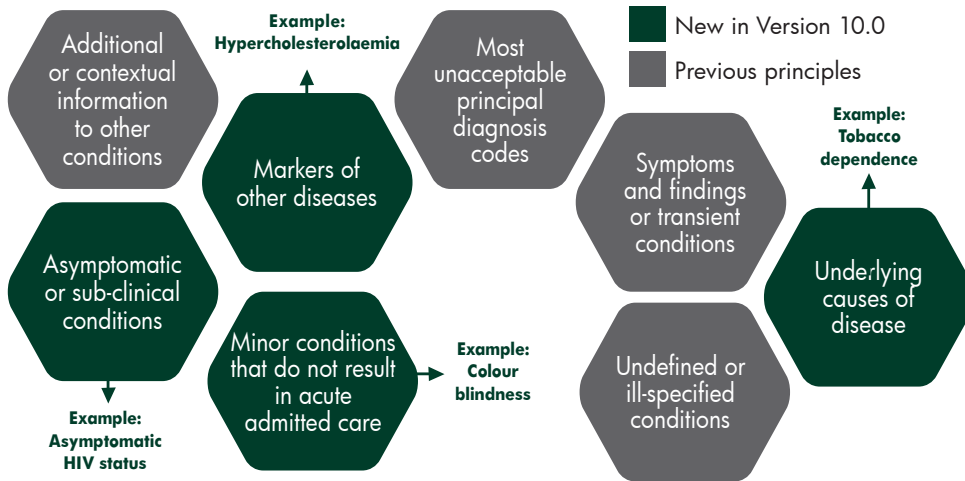
Changes for AR-DRG Version 10.0

The development process for AR-DRG Version 10.0 has used clinical input, statistical analysis and extensive consultation with jurisdictions and other health sector stakeholders.

A major focus for this version was to review the complexity model and its overall stability.

Exclusion review

Clinical review expanded the principles for exclusion of diagnosis codes from the complexity model in AR-DRG Version 10.0. This review reduced the number of codes in-scope for complexity. All excluded codes receive a Diagnosis Complexity Level (DCL) value of zero.



Number of Adjacent Diagnosis Related Groups (ADRGs)
399 in V9.0
397 in V10.0

Number of Diagnosis Related Groups (DRGs)
803 in V9.0
795 in V10.0

Codes with a DCL value
12,559 in V9.0
11,048 in V10.0

Nephrolithiasis interventions	
Deleted ADRGs V9.0	New ADRG V10.0
L40 Ureterscopy	L43 Nephrolithiasis Interventions
L41 Cystourethroscopy for Urinary Disorder, Sameday	L44 Cystourethroscopy for Urinary Disorder
L42 ESW Lithotripsy	

Removal of Z60 ADRG

Z60 Rehabilitation

Changes to the Australian Coding Standards in Ninth Edition resulted in this ADRG being redundant

Stability review

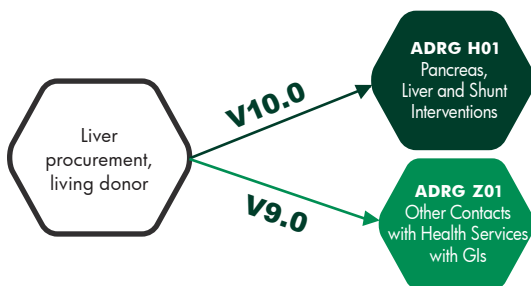
The final report for AR-DRG Version 10.0 outlines the measures taken to increase the stability of this version.

Stability of DCL weights

Refinement of complexity splits

Stability of complexity splits within ADRGs

Liver procurement from a living donor



Osseointegration interventions

